09824321 0 00

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000							Application or Docket Number P04988US1				
TOTAL CLAI	IMC	(Column 1) (Co			lumn 2)	TYPE			OF		ENTITY
TOTAL CLAIIVIS		/	17				RATE	FEE	7	RATE	FEE
FOR		NUMBER FILED		NUM	MBER EXTRA		BASIC FI	SE 355.00		BASIC FEI	<del> </del>
TOTAL CHARGEABLE CLAIMS		/アminus 20=		•	0		X\$ 9≈		OF	340.40	-
INDEPENDENT CLAIMS		/ minus 3 = *			5 Tx		X40=	<del>-</del>	1	You	<b>-</b>
MULTIPLE DE	PENDENT CLAIM I	RESENT				1 <del>                                    </del>		<del></del>	OR	X80=	400-
* If the difference in column 1 is less than zero, enter "0" in column 2						L	+135=	-	OR	L	
CLAIMS AS AMENDED - PART II							TOTAL	L	OR	TOTAL	1110
/// 5/09 (Column 1) (Column 2) (Column 3)						<u>_</u>	SMALL	.ENTITY	OR	OTHER SMALL	
Total	REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Independer	. 10	Minus		/_	=		X\$ 9=		OR	X\$18=	,
FIDST DDG		Minus	***		=		X40=		OR	X80=	
THOTTHE	SENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		<b> </b>	+135=		1	+270=	
						L	TOTAL		OR	TOTAL	
	(Column 1)		(Colum	n 2)	(Column 3)	AC	ODIT. FEE		OR	ADDIT. FEE	
	CLAIMS REMAINING		HIGHE	ST				1 4001	1 1		
	AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Independent	•	Minus	••		=		X\$ 9=		OR	X\$18=	ree
Independent		Minus			=		X40=			X80≈	
Trinot Ph20	SENTATION OF ML	ILTIPLE DEI	PENDENT (	CLAIM		T,	+135=	,	OR	+270=	
						L	TOTAL		OR	TOTAL	
	. (Caluman 4)					ADI	DIT. FEE		OR ,	ODIT. FEE	
	(Column 1)		(Columi HIGHES		(Column 3)	_					
	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	F	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total		Minus	**		=	一 一	(\$ 9=	FEE	_ }	Veto	FEE
Independent		Minus	***		=	$\vdash$			OR	X\$18=	
FIRST PRES	ENTATION OF MU	LTIPLE DEP	PENDENT C	LAIM			(40=		OR	X80=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
If the "Highest N	umber Previously Pai umber Previously Pai	d For IN THIS d For IN THIS	S SPACE is le	ess than	20, enter "20."		TOTAL IT. FEE		OR A	TOTAL DDIT. FEE	
ne Highest Nu	mber Previously Paid	For (Total or	Independent	) is the h	ighest number	found i	n the ann	ronriate hov	in colu	1	I